

## FINANCIAL AFFIDAVIT

GJA-23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

AT

LOCATION NUMBER

United States vs.Marcus Dewayne Thompson

PERSON REPRESENTED (Show your full name)

Marcus Dewayne Thompson

- 1 ☒ Defendant—Adult  
 2 ☐ Defendant—Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

15-mj-7087

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable &amp; check box + )

☒ Felony  
☐ MisdemeanorConspiracy to Engage in Sex  
Trafficking of Children and by Force,  
Fraud, or Coercion

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY-  
MENTAre you now employed? ☒ Yes ☐ No ☐ Am Self EmployedName and address of employer: Proffer Produce, I just started a week ago.IF YES, how much do you 0.32/mile IF NO, give month and year of last employment  
earn per month? \$ \_\_\_\_\_ How much did you earn per month \$ \_\_\_\_\_If married is your Spouse employed? ☒ Yes ☐ NoIF YES, how much does your Spouse earn per month \$ 1600.00 If a minor under age 21, what is your  
Parents or Guardian's approximate monthly income \$ \_\_\_\_\_OTHER  
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in  
the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ NoIF YES, GIVE THE AMOUNT RECEIVED \_\_\_\_\_ SOURCES \_\_\_\_\_  
RECEIVED & IDENTIFY \$ \_\_\_\_\_  
THE SOURCES \_\_\_\_\_

CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ \_\_\_\_\_PROP-  
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary  
household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE VALUE, AND \$ \_\_\_\_\_ DESCRIPTION \_\_\_\_\_  
DESCRIBE IT \_\_\_\_\_  
\_\_\_\_\_

DEPENDENTS

MARITAL STATUS

☐ SINGLE☒ MARRIED☐ WIDOWED☐ SEPARATED OR☐ DIVORCEDTotal  
No. of  
Dependents3

List persons you actually support and your relationship to them

Tiffany + Isaac (3yr old twins)  
Ariana (8 months)OBLIGATIONS  
& DEBTSDEBTS &  
MONTHLY  
BILLS(LIST ALL CREDI-  
TORS, INCLUDING  
BANKS, LOAN COM-  
PANIES, CHARGE  
ACCOUNTS, ETC.)APARTMENT  
OR HOME:PhoneCar InsuranceDiapers + Food

Creditors

Total Debt

Monthly Payt.

\$	\$	<u>48.00</u>
\$	\$	<u>44.00</u>
\$	\$	<u>1000.00</u>
\$	\$	

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

I certify the above to be correct.

Marcus Thompson08/24/2015

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH